

| <p style="text-align: center;"><b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br/> <b>FY 2009</b><br/> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</p>   | Docket Number<br>600057.446C1 |                         |               |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
|---|-------------------------------|-------------------------|---------------|-------------------------|--|--|-------|------|----------|--|-------|-------|---------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 09/905,777   | Filed July 13, 2001           |                         |               |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
| For NONINVASIVE VASCULAR THERAPY  |                               |                         |               |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit<br>1643  | Examiner<br>Karen A. Canella  |                         |               |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Fee</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Small Entity Fee</u></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ <u>245</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>62,581</u></p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/> Registration number if acting under 37 CFR 1.34..</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>_____<br/> / Michael J. McDonald/<br/> Signature<br/> Michael J. McDonald, Ph.D.<br/> _____<br/> Typed or printed name</p> </div> <div style="width: 45%; text-align: center;"> <p>_____<br/> April 17, 2009<br/> Date<br/> 206-622-4900<br/> _____<br/> Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> |                               |                         | <u>Fee</u>    | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ <u>245</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|   | <u>Fee</u>                    | <u>Small Entity Fee</u> |               |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                         | \$65                    | \$ _____      |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                         | \$245                   | \$ <u>245</u> |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                        | \$555                   | \$ _____      |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |
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| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                        | \$1175                  | \$ _____      |                         |  |  |       |      |          |  |       |       |               |   |        |       |          |  |        |       |          |  |        |        |          |